



IDAHO DEPARTMENT OF
HEALTH & WELFARE

C.L. "BUTCH" OTTER-- Governor
RICHARD M. ARMSTRONG -- Director

DEBBY RANSOM, R.N., R.H.I.T -- Chief
BUREAU OF FACILITY STANDARDS
3232 Elder Street
P.O. Box 83720
Boise, Idaho 83720-0036
PHONE: (208) 334-6626
FAX: (208) 364-1888
E-mail: fsb@idhw.state.id.us

March 5, 2007

Charlene Humpherys, Administrator
Cedar Crest Residential Care
1200 E 6th South
Mountain Home, ID 83647

License #: RC-428

Dear Ms. Humpherys:

On January 11, 2007, a complaint investigation follow-up/revisit, state licensure survey was conducted at Cedar Crest Residential Care. As a result of that survey, deficient practices were found. The deficiencies were cited at the following level(s):

- Non-core issues, which are described on the Punch List, and for which you have submitted evidence of resolution.

This office is accepting your submitted evidence of resolution.

Should you have questions, please contact John Wingate, RN, Health Facility Surveyor, Residential Community Care Program, at (208) 334-6626.

Sincerely,

JOHN WINGATE, RN
Team Leader
Health Facility Surveyor
Residential Community Care Program

JW/slc

c: Jamie Simpson, MBA, QMRP Supervisor, Residential Community Care Program



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January 12, 2007

Charlene Humpherys, Administrator
Cedar Crest Residential Care
1200 E 6th South
Mountain Home, ID 83647

Dear Ms. Humpherys:

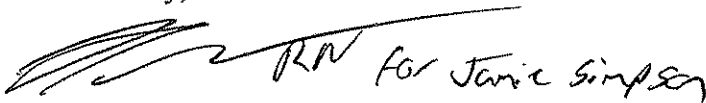
On January 11, 2007, a complaint investigation, follow-up/revisit, state licensure survey was conducted at Cedar Crest Residential Care. The facility was found to be providing a safe environment and safe, effective care to residents.

The enclosed form, stating no core issue deficiencies were cited during the survey, is for your records only and need not be returned.

Please bear in mind that non-core issue deficiencies were identified on the punch list, a copy of which was reviewed and left with you during the exit conference. The completed punch list form and accompanying proof of resolution (e.g., receipts, pictures, policy updates, etc.) are to be submitted to this office by February 10, 2007.

Should you have any questions about our visit, please contact me at (208) 334-6626.

Sincerely,



JAMIE SIMPSON, MBA, QMRP
Supervisor
Residential Care Assisted Living Program

JS/slc

Enclosure



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ASSISTED LIVING
Non-Core Issues
Punch List

587-2052

Facility Name Cedar Crest	Physical Address 1200 E 6th South	Phone Number 587-9073
Administrator Charlene Humphrey	City Mantain Home	ZIP Code 83647
Survey Team Leader John W. Wingate RW	Survey Type Follow	Survey Date 1/10/07

NON-CORE ISSUES

ITEM #	RULE #	DESCRIPTION	DATE RESOLVED	BFS USE
1	711.01	The facility did not maintain behavior Management tracking for Resident #1		
2	711.02	Resident #1's individual record did not contain complaints and grievances dates received, investigation, outcomes and a response to the individual who made the complaint or grievance		
3	711.04	Resident #1's record did not contain evidence that when Resident #1 refused care and services he was informed of consequences of the refusal. Additionally the record did not contain evidence that the resident's physician or authorized provider was notified of resident's refusal.		
4	711.08.b	Assistance with medications were not documented on randomly sampled MARs		

Response Required Date 2-11-07	Signature of Facility Representative	Date Signed
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Fax # 364-1888